

Hep C U Later/NHSAPA

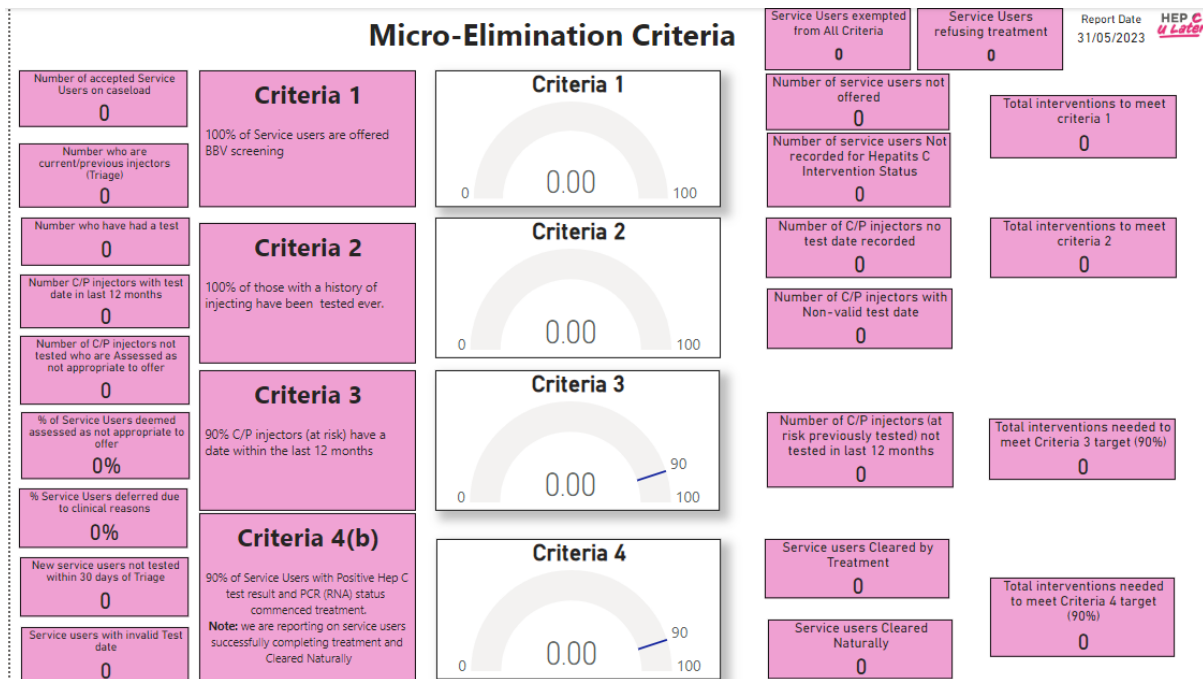
Hepatitis C Micro-Elimination Criteria 4

The following document outlines the detail of how micro-elimination Criteria 4 is calculated for NHSAPA member services, the process for reviewing those under criteria 4, exemptions and data anomaly reporting. This document is intended for use by data leads and BBV leads within NHSAPA drug and alcohol services.

Hep C U Later/NHSAPA - Hepatitis C micro-elimination Criteria 4

Criteria 4b:

The Dashboard on a Page has now been amended to include the micro-elimination criteria 4 target and other relevant boxes.



The below information sets out the additional boxes, the calculation, definitions and processes the Hep C U Later team will use to demonstrate progress towards criteria 4. All efforts have been made to ensure the approach to criteria 4 is robust, transparent, ethical and in line with the correct clinical approach within the constraints of the NDTMS data we are working with.

The calculation for criteria 4b is as follows:

Numerator

- $[AB +ve \text{ AND } RNA -ve \text{ (Cleared by Treatment)}] \text{ PLUS } [AB +ve \text{ AND } RNA -ve \text{ (Cleared Naturally)}] \text{ PLUS } [AB +ve \text{ AND } RNA -ve \text{ (Never Infected)*}]$

Denominator

- $AB +ve$

the denominator includes any active service user who has ever been infected with hepatitis C, i.e. any person whose hepatitis C antibody status is positive. The expanded denominator would be:

$[AB +ve \text{ AND } RNA +ve] \text{ PLUS } [AB +ve \text{ AND } RNA -ve \text{ (Cleared by Treatment)}] \text{ PLUS } [AB +ve \text{ AND } RNA -ve \text{ (Cleared Naturally)}] \text{ PLUS } [AB +ve \text{ AND } RNA -ve \text{ (Never Infected)}] \text{ PLUS } [AB +ve \text{ AND } RNA \text{ Unknown**}] \text{ PLUS } [AB +ve \text{ AND } RNA \text{ Blank**}]$

**Please note: any incorrectly recorded AB -ves (e.g. AB -ve, RNA +ve) will affect this calculation and should be corrected before final declaration of Micro-elimination*

The definitions behind criteria 4b are as follows:

* Prior to CDS-P, some services used AB +ve **AND** RNA –ve (*Never Infected*) to denote RNA –ve (*Cleared Naturally*), hence assumed to be RNA –ve (*Cleared Naturally*)

** RNA Unknown and RNA Blank included for service user safeguarding (clinical good practice)

Date range = the time period applied to this calculation is the same as for all other NDTMS extract data i.e. any episode which is open during the NDTMS reporting period. This will include open episodes which were triaged before the start date of the reporting period and so will include historic data for those service users. It will also include episodes which were discharged during the reporting period

There is evidence to suggest that many service users have been given the status of RNA –ve (*cleared naturally*), however, they have in fact been cleared by treatment. Hence the decision to include RNA –ve (*cleared naturally*) in the calculation. In addition, since the Micro-elimination Criteria are designed to show progress towards Micro-elimination of hepatitis C, not treatment, it is logical to include RNA –ve (*cleared naturally*).

Similarly, the purpose of criteria 4b is to give an indication of how many service users have recovered from hepatitis C, so rather than try to calculate those who have cleared the virus during their treatment in service (from NDTMS data), we measure those who have ever been infected (AB +ve).

Total number of interventions required for criteria 4 target (90%):

The total number of interventions required for criteria 4 target (90%) includes those who are RNA +ve, and any who are AB +ve with an *unknown* or *blank* RNA status. It is good clinical practice to assume service users with an unknown or blank RNA status may be positive.

Coordinators will be provided with a micro-elimination booklet (spreadsheet with 2 tabs [see below and under Exemptions]) to be completed alongside services to update with drop-down options to indicate the HCV treatment status (e.g. *referred to treatment*, *started treatment*, etc.). The Hep C U Later data leads will then use this information to update the DOAP for that service which will adjust the numbers accordingly, to indicate whether Criteria 4 has been achieved.

G	H	I	J
Previous Status Notes	Treatment Status	Status Notes	Report Date
			31/05/2023
	RNA status unknown		31/05/2023
	cleared naturally		31/05/2023
	refused treatment		31/05/2023
	not started treatment		31/05/2023
	referred to treatment		31/05/2023
	started treatment		31/05/2023
	completed Treatment		31/05/2023
	awaiting SVR test		31/05/2023

The drop down options are as follows:

- RNA unknown
- cleared naturally
- Refused treatment
- referred to treatment
- started treatment
- completed treatment
- awaiting SVR test
- status unknown – awaiting update from ODN
- service user discharged
- service user lost to follow up

Escalating issues:

If there are issues in receiving updates from the ODN this will be raised with NHSE and Gilead Sciences by the Hep C U Later coordinators or Lead.

Exemptions

Rationale for exemptions:

We envisage that exemptions would only be used in rare circumstances and quantities would be single digits for each service. They can be used only when every reasonable attempt has been made to engage the service user in testing/treatment. The quantity is shown in the exemption box on the DOAP for transparency and this will be regularly reviewed. This process is fully auditable.

The process for agreeing proposed exemptions is:

1. Service is close to achieving micro-elimination (criteria 4b close above 80% for example)
2. Coordinator reviews those service users falling outside Micro-elimination criteria with the lead for the service

3. Micro-Elimination Criteria Exemptions spreadsheet on the Hep C U Later huddle is completed by the coordinator – client details and the level requested/reason for exemption should be chosen from the drop-down options
4. Micro-Elimination Criteria Exemptions spreadsheet is presented to Hep C U Later team huddle for review – exemptions are agreed as valid or not

Internal use:

	B	C	D	E	F	G	H	I	J	K	L	M
	Trust	Service	Client ID	Episode Number	Exemption 0 - none 1 - C4 2 - all	Reason given for exemption	Date reviewed by team	Date reviewed by service	Action agreed by team	Actioned on DOAP date	Reviewed dates	Comments from reviews
1						Refuses tests, hep c trust involved and attempted to engage for last 6 months, attempted new keyworker. Concerns this person will drop out of treatment if testing is continued to be pushed, service user stated they do not want to be repeatedly offered testing. They are showing in criteria 1 and 2. XXX has met with YYY and the service have tried everything to engage them. Service are in agreement they have tried everything and it is unlikely they will engage them. They have tried incentives. Team are continuing with harm reduction advice. The service user has been reviewed monthly for 6 months as an MDT. Agreed to exempt today and review again in 3 months time when service user may be housed.						
2					2				Following discussion agreed to exempt service user			

Guidance of reasons for exemptions:

1. Service user under palliative care
2. Service user under care of hospital/severe illness
3. Service user at risk of disengaging from drug and alcohol service

Data Anomalies/Data Quality Check

Hep C U Later believe it is best practice to check data anomalies and omissions to ensure that data quality is upheld and service users are not missed.

Hep C U Later complete a number of checks on data anomalies as follows:

1. Service user must have an open episode during the reporting month
2. HCV status and test results must be recorded for all current or previous injectors – i.e. Not offered and blank results are invalid
3. HCV test date must be recorded if HCV status is set to *Offered & Accepted - had a Hep C test* **OR** any HCV test results are set **OR** HCV referral is set
4. If HCV test date is after Triage date then HCV Status must be set to *Offered & Accepted - had a Hep C test* **AND** test results must be set **OR** HCV status must be set to *Offered & Accepted – awaiting test*
5. HCV test results of *Unknown* are valid for up to 30 days from HCV test date
6. If RNA result is recorded then AB test result must be set
7. If RNA is *+ve* **OR** RNA *-ve (Cleared by Treatment)* **OR** RNA *-ve (Cleared Naturally)* then AB test result must be *+ve*
8. HCV Referral must be recorded if RNA *+ve*

Hep C U later also plan to continue to build in the following data quality checks (including checking previous episodes):

1. Unknown test status over 30 days after the recorded test date
2. Last valid HCV status
3. Last valid HCV test date
4. Last Valid HCV AB status
5. Last valid HCV RNA status
6. Last valid HCV referral status
7. Last CIR date within past 180 days
8. If HCV status is recorded as *Assessed as not appropriate to offer* then HCV test results must be set to AB –ve **OR** AB +ve **AN** RNA –ve (*any*)
9. Check for duplicate clients
10. Last valid Injection status

NDTMS Dataset R

After consultation with Hep C U Later, the APA and all partner services, NDTMS have agreed to change the recording of referrals to Hep C treatment. This will allow us to measure treatment starts much more accurately as from Dataset R (due April 2014).